

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

Mary Pellicoro)
)
 Plaintiff,)) CASE NO. 22-cv-01851 TDC
)
 v.)
)
 WASHINGTON METROPOLITAN)
 AREA TRANSIT AUTHORITY, et al.)
)
)
)
 Defendants.)

INTERROGATORIES TO PLAINTIFF

TO: Mary Pellicoro
c/o David Greene, Esq.

FROM: Nicholas L. Phucas, Esq.
Senior Counsel II
WMATA

INSTRUCTIONS

The following Interrogatories are propounded to you pursuant to the Rules of this Court for purposes of discovery, or for use as evidence in this action, or both. You are required by the Rules of this Court to answer each question fully and completely in writing and under oath within thirty (30) days after service of these interrogatories upon you and serve a copy of your answers upon counsel for Defendant:

(a) These Interrogatories are continuing in character, so as to require you to file Supplementary Answers if you obtain further or different information prior to trial.

(b) Where the name or identity of a person is requested, please state full name, home address and telephone number, and also business address and telephone number, if known.

(c) Unless otherwise indicated, these Interrogatories refer to the time, place and

circumstances of the occurrence mentioned or complained of in the pleadings.

(d) Where knowledge, information, or possession of a party is requested, such request includes that of your agents, representatives, and unless privileged, your attorney. When an answer is made by a corporate party, state the name, title and address of the person supplying the information and making the affidavit, and the source of the information.

(e) The pronoun "you" refers to the persons to whom these Interrogatories are addressed, and the persons mentioned in clause (d), above.

(f) The terms "occurrence" or "incident" are used interchangeably; they shall be understood to mean that incident alleged in the Complaint to have given rise to this action.

INTERROGATORIES

1. State your full name, ages, date and place of birth, social security number, marital status, and present residence address and all former residence addresses for the past ten years. If you have ever used any other names please list them, and state where and when you used each such name.

ANSWER:

2. State the full name and last known address (both residence and business) of every person known to you or to your attorneys who was an eyewitness to all or any part of the occurrence referred to in the Complaint or who arrived at the scene of the occurrence within two (2) hours before and two (2) hours after the occurrence, and state their location at that time.

ANSWER:

3. Identify all persons known to you, your attorney, or anyone acting in or on your behalf, who have knowledge of any facts pertaining to the happening or circumstances of the alleged incident and/or the injuries or damages sustained by you.

ANSWER:

4. Describe in detail the facts as to how you contend that the occurrence took place.

ANSWER:

5. Describe your itinerary immediately prior to the occurrence including, with whom you were traveling, the time and place your trip began, the reason for the trip, your destination and expected time of arrival.

ANSWER:

6. Provide below a detailed statement of all facts upon which you rely to show that WMATA was negligent, violated any statute, ordinance or regulation, and/or WMATA standard operating procedures; if applicable, identify each such statute, ordinance, regulation, or WMATA standard operating procedures you claim was violated, and the facts upon which you rely to support each such claim.

ANSWER:

7. If you, or anyone on your behalf, has ever made any written reports, applications, claims or statements with reference to how this incident happened, or with reference to your injuries, or with reference to your claim for reimbursement of expenses incurred or other benefits, please identify the person who made the statement; the person, firm, corporation, agency, company, etc., to whom each such report, statement, claim, application, etc. was made; and the date of each such report, statement, claim, application, etc., and the nature of the report and its contents.

ANSWER:

8. State the names and addresses of all persons known to you or to your attorneys who have provided statements relative to all or any part of the occurrence and state the date the

statement was given, to whom it was given, and the present custodian of each such signed or recorded statement. Attach hereto a copy of all signed statements made by the party propounding these Interrogatories.

ANSWER:

9. If you contend that any document, letter, report, writing or any written instrument of any type or description is relevant to any issue in this case, identify each such written instrument, including the date and identity of the person preparing or signing such written instrument.

ANSWER:

10. If you contend that WMATA or any of its agents, employees or servants at any time made an admission against interest with respect to any issue involved in this litigation, state the contents of each such statement, conversation, comment, or report and the date, place, and time it was made and in whose presence the admission against interest was made.

ANSWER:

11. If you expect to call any treating healthcare provider and/or person(s) as an expert witness at the trial of this case, state:

- a. The witness' name, address, field of expertise and the witness' curriculum vitae and/or qualifications, including a list of all publications authored in the previous 10 years;
- b. a complete statement of all opinions the witness will express and the basis and reasons for them;
- c. the facts or data considered by the witness in forming them;
- d. any exhibits that will be used to summarize or support them;
- e. a list of all other cases in which, during the previous 4 years, the witness

testified as an expert at trial or by deposition; and

f. a statement of the compensation to be paid for the study and testimony in the case.

ANSWER:

12. If you contend that you sustained any injuries of any kind whatsoever as a result of the incident giving rise to your claim, describe with precision the nature, location extent and duration of all such injuries, and if you have any present complaints on account of injuries received in the occurrence, and state in detail the nature of such present complaints.

ANSWER:

13. If your Answer to Interrogatory 13 was in the affirmative, please identify all injuries received in the incident which you claim are permanent, and the basis of any such claim(s). If you claim any permanent scars, disfigurement, or other cosmetic defects, present or potential as a result of the incident, describe in detail the area of the body affected, the approximate dimension of the area, the name and address of any person who has taken any photographs showing the injury, when taken, and the name and address of the person who has custody of any such photographs. Please also indicate whether any doctor gave you a temporary or permanent disability rating regarding any injuries you claim you sustained as a result of the subject incident and please give the name and address of the doctor, what the rating covers, when the rating was made, the percentage of rating and the reason(s) given therefor.

ANSWER:

14. Identify each hospital, physician, surgeon, osteopath, chiropractor, physical therapist, psychologist, psychiatrist, counselor or other medical practitioner or facility that/who

has examined you or rendered treatment to you as a result of injuries you claim to have sustained in this incident. For each entity or care provider identified, state date(s) of each such examination and/or treatment, and state whether you were an in-patient or an out-patient and the specific injuries, conditions or complaints for which you were examined and/or treated on each occasion; and describe the specific care and/or treatment given or prescribed on each occasion, including any tests, x-rays, surgery, therapy, or medication.

ANSWER:

15. If you contend that, as a result of injuries sustained in the incident, there has been any aggravation of a pre-existing condition, whether a prior illness, disease, injury or a mental, nervous or psychological condition, please describe the condition that has been aggravated, when the aggravation commenced, how long it lasted and the extent or degree of aggravation; and when you first became aware that such a pre-existing condition existed had been aggravated, the name and present address of each doctor, therapist or other practitioner who treated you for such pre-existing condition prior to the happening of the accident in question, and the dates of any such treatment.

ANSWER:

16. If, as a result of any injuries sustained in this incident, you were unable to perform any of your normal and usual functions, duties or activities of whatever nature, please state each such function, duty and activity you were unable to perform, the inclusive period of time from date to date that you were unable to perform each, and what functions, duties or activities, if any, you are still unable to perform.

ANSWER:

17. If you have ever in your lifetime been hospitalized other than on account of this

incident, state the date of each such hospitalization, the names and addresses of each such hospital, the nature of the injury, disease, or condition requiring your hospitalization, and the names and addresses of all doctors, therapists, or other practitioners who treated or attended you.

ANSWER:

18. Name all health care providers (including but not limited to physicians, osteopaths, chiropractors, psychologists, psychiatrists, therapists and nurses) other than those previously identified, who have examined or treated you for a substantial injury, disability, or illness during the past ten (10) years and the approximate dates and nature of such examinations or treatments.

ANSWER:

19. State whether prior or subsequent to the occurrence you have sustained any accidental injury for which you received medical care or treatment. If so, describe the date, place and circumstance of each accidental injury and identify all health care providers, including hospitals and other institutions, that furnished care to you in those accidents, the nature and extent of recovery, and, if any permanent disability was suffered, the nature and extent of the permanent disability and if you were compensated in any manner for any injury, state the names and addresses of each and every persons or organizations paying such compensation and the amount thereof.

ANSWER:

20. State whether you have ever previously filed a claim or lawsuit against any person or entity, including a Workers' Compensation claim, and, if so, the name of the person or entity against whom such claim or suit was filed, the date, the name of the court in which any suit was filed and the civil action number and the disposition or resolution of any such claim or suit.

ANSWER:

21. Give an itemized statement of all items of monetary loss or damage incurred to date as a result of the incident giving rise to your claim, including hospitals, doctors, nurses, x-rays, medicines, care, appliances, transportation, property damage and all other expenses, including loss of wages or income. For each such expense state: the amount, if any, that has been paid; and when and by whom payment was made. With regard to any claim of lost wages, please include in your itemization the identity of the employer from which the wages were lost, and the dates and amounts of wages lost, and the method by which you computed that amount, the figures used in that computation, and the facts and assumptions upon which your claim is based.

ANSWER:

22. Identify each and every employer you have had for the past five (5) years, indicating for each employer your job duties, the name of your immediate supervisor, and your reason for leaving any employment, and with respect to each of the past five (5) years, state your yearly gross income and yearly net income as reported on your Federal Income Tax Returns and state the name and address of the person, firm or corporation having custody of any papers pertaining to your income.

ANSWER:

23. If you have received any compensation or any other benefits in any form as a result of the occurrence, including but not limited to: (1) settlement of any claim against a tortfeasor; (2) worker=s compensation benefits; (3) disability benefits; (4) health insurance benefits; (5) Medicare or Medicaid benefits, military benefits or veteran's benefits please provide the following information:

- (a) The identity of the payor(s) of said benefits
- (b) The nature of the payment(s) (e.g., worker=s compensation, disability benefit, etc.)
- (c) The amount of the payment(s) to date
- (d) All claim number(s) assigned to your claim(s) by the payor(s)
- (e) Whether each such payor has notified you of an intention to exercise a lien against your claims herein.

ANSWER:

24. If you have entered into any agreement or understanding, or if you have received any commitment of any kind, whether oral or written, whereby any of your claims for injury or loss arising from the incident alleged in your Complaint will be fully or partially settled, identify and describe:

- (a) The name of the person(s) with whom you have entered into agreement or who have made said commitment;
- (b) The name of the person(s) upon whose behalf payment is being made
- (c) The terms of the agreement, understanding or commitment.

ANSWER:

25. Have you ever been convicted of a felony or a crime involving moral turpitude (ex. lying, cheating, theft) within the last fifteen years? If so, identify and describe each such conviction, including the jurisdiction where it occurred.

ANSWER:

Respectfully submitted,

WASHINGTON METROPOLITAN AREA
TRANSIT AUTHORITY

/s/ Nicholas L. Phucas
Nicholas L. Phucas, #475163
Senior Counsel II
300 7th St., S.W.
Washington, D.C. 20024
(202) 962-2886
(202) 962-2550 (facsimile)
nlphucas@wmata.com

CERTIFICATE OF SERVICE

I certify that a true copy of the foregoing Interrogatories was served by U.S. Mail, this 11th day of September 2023, to:

David S. Greene
401 N. Washington Street, Suite 500
Rockville, MD 20850

/s/ Nicholas L. Phucas
Nicholas L. Phucas, #475163

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

Mary Pellicoro)
)
 Plaintiff,)) CASE NO. 22-cv-01851 TDC
)
 v.)
)
 WASHINGTON METROPOLITAN)
 AREA TRANSIT AUTHORITY, et al.)
)
)
)
 Defendants.)

REQUESTS FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF

The following Requests for Production of Documents are propounded to you pursuant to the Rules of this Court for purposes of discovery, or for use as evidence in this action, or both. You are required by the Rules of this Court to produce to WMATA, through its undersigned counsel or designated agents, documents, for inspection and copying, within thirty (30) days after service of these requests for production of documents upon you. ADocuments@ shall be defined as set forth in Rule 34.

REQUESTS

1. Please produce all documents that in any way support your Answers to the Interrogatories served herewith, or that were identified therein.

RESPONSE:

2. Your federal and state income taxes for the past five years.

RESPONSE:

3. If you or any of your agents have in your custody or control photographs, pictures or diagrams of the scene of the occurrence, or any other

photographs relevant to this case, please attach copies of said photographs, pictures or diagrams and identify the subject(s) or object(s) shown in each such photograph, picture or diagram.

RESPONSE:

4. Please produce any and all documents in your custody or control that have been generated by WMATA and that are relevant to the instant action.

RESPONSE:

5. Please produce copies of all radiograms (X-rays, MRIs, CAT scans, etc.) that have been taken within the last ten (10) years of any part of your body that you claim has been injured as a result of the incident that is the subject of this action (Advise WMATA if there is a cost associated with the copying of same.)

Please identify the name, address and telephone number of all health care providers who either ordered such radiograms and/or have them in their possession. If you are no longer in possession of any such film, give the date and identify the provider who ordered the radiogram and the provider who performed same.

RESPONSE:

6. Please produce any and all medical records (including, but not limited to, medical reports, hospital reports, laboratory reports, x-ray reports, or other written statements or reports relative to any diagnosis, treatment or prognosis of an injury, complaint or conditions) and bills relating in any way to the injuries that you claim you suffered as a result of the incident mentioned in the Complaint.

RESPONSE:

7. Please produce any and all medical records (including, but not limited

to, medical reports, hospital reports, laboratory reports, x-ray reports, or other written statements or reports relative to any diagnosis, treatment or prognosis of an injury, complaint or conditions) and bills relating to any injury, condition or illness suffered by you (other than those claimed to have resulted from the occurrence which is the subject of this lawsuit) within the past ten (10) years. If you are not in possession of your medical records, identify the medical care provider, and state the dates of treatment.

RESPONSE:

8. If you are claiming a loss of wages as a result of the incident referred to in the Complaint, please produce any and all documentation supporting your claim for lost wages.

RESPONSE:

9. Please execute the enclosed Authorizations.

RESPONSE:

10. Please produce any and all statements in your possession by any party to this action.

RESPONSE:

11. Please produce any and all statements in your possession by any and all witnesses to the incident that is the subject of this action.

RESPONSE:

12. Each written or recorded statement or document taken or made concerning the alleged incident and any injury suffered by you, including accident reports.

RESPONSE:

13. For each and every expert whom you intend to call at the trial of this action, provide a copy of his or her curriculum vitae, his or her report(s) relative to this matter, and copies of all documents reviewed and/or relied upon by said expert in forming his or her opinion in this case.

RESPONSE:

14. Produce any and all written reports, including drafts and correspondence to and from experts you intend to call as witnesses at the trial of this matter.

RESPONSE:

15. Produce each periodical, book or other such document which you claim support contentions to be made at trial by you or on your behalf through expert witness or otherwise.

RESPONSE:

16. Please produce any and all applications for benefits of any kind arising from this incident, including but not limited to workers' compensation benefits, health insurance benefits, PIP and/or Med-Pay benefits and disability benefits.

RESPONSE:

17. Please produce any and all explanations of benefits by any provider of benefits referenced in your response to Interrogatory 28 or the previous Request.

RESPONSE:

18. Produce each statute, code, rule or standard which you claim was violated by this defendant.

RESPONSE:

19. Produce each model or object which is intended to be used by you or on your behalf as demonstrative evidence at trial.

RESPONSE:

20. Produce any medical bill, lien statement or accounting, correspondence, or other document related to any Medicaid, Medicare, military, or Veterans benefits program. Such document should include any correspondence sent by the plaintiff or his counsel or representative to the lien holding or recovery entity related to the lien.

RESPONSE:

Respectfully submitted,

WASHINGTON METROPOLITAN AREA
TRANSIT AUTHORITY
/s/ Nicholas L. Phucas
Nicholas L. Phucas, Esq. #475163
Senior Counsel II-WMATA
300 Seventh Street, S. W.
Washington, D.C. 20024
(202) 962-2886

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Request for Production of Documents was served electronically this 11th day of September 2023 to:

David S. Greene
401 N. Washington Street, Suite 500
Rockville, MD 20850

Nicholas L. Phucas
Nicholas L. Phucas, #47516

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

Mary Pellicoro)	
)	
Plaintiff,)	CASE NO. 22-cv-01851 TDC
v.)	
)	
WASHINGTON METROPOLITAN)	
AREA TRANSIT AUTHORITY, et al.)	
)	
)	
Defendants.)	

CERTIFICATE REGARDING DISCOVERY

I hereby certify that on September 11, 2023, I served on all parties hereto a copy of Defendant Washington Metropolitan Area Transit Authority's Interrogatories and Requests for Production of Documents to Plaintiff; and that I will retain the original of these documents in my possession, without alteration, until the case is concluded in this Court, the time for noting an appeal has expired, and any appeal noted has been decided.

Respectfully submitted,

WASHINGTON METROPOLITAN AREA
TRANSIT AUTHORITY
/s/ Nichols L. Phucas
Nicholas L. Phucas, Esq. #475163
Senior Counsel II-WMATA
300 Seventh Street, S. W.
Washington, D.C. 20024
(202) 962-2886

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Certificate Regarding Discovery was served by U.S. Mail this 11th day of September 2023 to:

David S. Greene
401 N. Washington Street, Suite 500
Rockville, MD 20850

/s/ Nicholas L. Phucas
Nicholas L. Phucas, #475163